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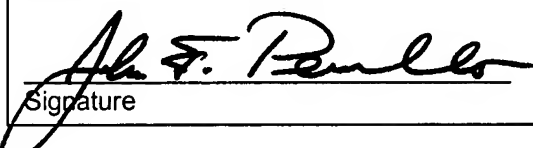
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031004

UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 C.F.R. 1.53(b)

Attorney Docket Number	HM-04-PT-03-NP
Applicants	Alec Bobroff, Clifford R. Martin, Phillip B. Dolliver
Title	Postoperative Fluid Monitoring And Alert System
<b>PRIORITY INFORMATION:</b>	
NONE	
<b>SMALL ENTITY STATUS:</b>	
Applicant does not claim small entity status under 37 C.F.R. §1.27.	
<b>APPLICATION ELEMENTS:</b>	
Cover sheet	1 page
Specification	21 pages
Claims	3 pages
Abstract	1 page
Drawings	8 sheets
Combined Declaration and Power of Attorney, which is: <input checked="" type="checkbox"/> Unsigned; <input type="checkbox"/> Newly signed for this application; <input type="checkbox"/> A copy from prior application [ <b>**SERIAL NUMBER**</b> ] and the entire disclosure of the prior application is considered as being part of the disclosure of this new application and is hereby incorporated by reference therein.	2 pages
Preliminary Amendment	[**] pages
Information Disclosure Statement	[**] pages
Form PTO 1449	[**] pages
Cited References	[**] references
Recordation Form Cover Sheet and Assignment	[**] pages
English Translation	[**] pages
Certified Copy of Priority Document	[**] pages
Non-publication Request under 35 U.S.C. § 122(b).	[**] pages

Request for Deferral of Examination under 37 C.F.R. § 1.103(d)	[**] pages
Return Receipt Postcard	1
<b>FILING FEES:</b>	
Basic Filing Fee: \$770/\$385	\$770
Excess Claims Fee: (11-20)= 0 x \$18/\$9	\$****
Excess Independent Claims Fee: (2 -3)= 0 x \$86/\$43	\$****
Multiple Dependent Claims Fee: \$290/\$145	\$****
Total Fees:	\$770
X Enclosed is a check for \$770.00 to cover the total fees. <input type="checkbox"/> Charge [**AMOUNT**] to Deposit Account No. _____ to cover the total fees. <input type="checkbox"/> The filing fee is not being paid at this time. <input type="checkbox"/> Please apply any other charges or any credits to Deposit Account No. _____.	
<b>CORRESPONDENCE ADDRESS:</b>	
John F. Perullo Reg. No. 39,498 Haemonetics Corporation 400 Wood Road Braintree, MA 02184-9114 Telephone: 781-356-9377 Facsimile: 781-356-3558 CUSTOMER NO.: 41883	
 Signature	<u>MARCH 10, 2004</u> Date